

If he does, failure and disappointment will result and he will lose the confidence and consideration in matters where his advice would serve for the good of the public. Psychiatry, like medicine, is a social science. Problems of great importance, outside of the asylum walls, must be solved and explained by the psychiatrist; the solution of these problems may become great benefits to the public. Heilbronner's treatise deserves the attention of every intelligent citizen interested in the welfare of the people.

FRED J. CONZELMANN.

CEREBRO-SPINAL MENINGITIS. Trautmann and Fromme. Hygienic Institute of Hamburg (Münch. med. Woch., 55, 1908, April 14).

In 1907 93 cases of cerebro-spinal meningitis were officially reported in Hamburg. During the months of March, April, May and June, 69 cases occurred. As 88 cases were admitted to the large hospitals, the diagnosis was always made by examining the cerebro-spinal fluid bacteriologically. In 26 patients sick with the disease the Hygienic Institute of Hamburg was asked to establish the diagnosis. It had, however, the epidemiological important problem to examine the healthy individuals who had lived with and in the neighborhood of the patients sick with the disease. Three hundred and forty-four specimens for examination were obtained from the throats of the suspected individuals. In 59 specimens corresponding to 32 different individuals the meningococcus of Weichselbaum was isolated. Of 12 specimens of cerebro-spinal fluid from 11 different patients, in seven the meningococcus was found. In one the diplococcus lanceolatus and four of the specimens were sterile. Of 20 throat specimens from 20 cases strongly suspected of meningitis, 3 persons, 15 per cent., were found to carry the germ. In two of these cases the spinal fluid was examined with positive findings. Of 311 throat specimens from 261 persons, 49 specimens, 16 per cent., were positive, or 24 men, 9.2 per cent., carried the disease germ. These figures of healthy germ carriers are very important but are remarkably low. Ostermann, a pupil of Fluegge, says 70 per cent. of all persons in the immediate surrounding of a case of cerebro-spinal meningitis carry the germ in the pharynx. Bruns also found a high percentage and Bochalli reports a case occurring in barracks where 62.5 per cent. of the soldiers living in the same barracks carried the disease germ. The authors observed cases in which all the healthy members of the family were carrying the disease germs for 44 to 66 days. The authors conclude their article with an excellent discussion of the bacteriology of cerebro-spinal fever.

FRED J. CONZELMANN.

THE SIGNIFICANCE OF THE ACHILLES TENDON REFLEX. Dr. Franz Conzen (Muench. med. Woch., 55, 1908, May 12).

For a period of three years the writer has examined with Babinski's method for the presence or absence of Achilles reflex, 3,290 patients that presented themselves for examination in the neurological department of the medical polyclinic. He found that the Achilles reflex is never absent normally. It was only found diminished or lost when a pathological condition of the nervous or muscular system could be established. In two cases of alcoholic neuritis he found the patellar reflex present and the Achilles reflex absent. Biro has found that in neuritis of the sciatic nerve the Achilles tendon reflex is universally weaker and very often lost. Biro considers this a very important symptom, as it can be discovered

when sensory disturbance, atrophy, or changes in the electrical reaction are still absent. The writer fully agrees with Biro, but states that in a few cases with sciatic neuritis he found the Achilles reflex increased during the first few days of the disease. In one case of spinal progressive muscular atrophy the Achilles reflexes were lost, while the right patellar reflex was absent and the left diminished. As a rule they are markedly changed in this disease. In *tabes dorsalis* the Achilles reflexes show usually the same behavior as the patellar reflexes, but in quite a number of cases the author found the patellar reflexes present and the Achilles reflexes totally lost. He considers this phenomenon of great importance for the early recognition of *tabes dorsalis*. In a great number of *tabes* cases the Achilles reflex is lost earlier than the patellar reflex. The examination of the Achilles reflex should never be neglected as it is just as much a constant symptom as the patellar reflex, and at least reacts quite as perceptibly to diseases of the nervous system as the patellar reflex. Unilateral absence of the Achilles reflex means a pathological process and very often a difference in the Achilles reflex points to a morbid change of the nervous system.

FRED J. CONZELMANN.

FOCAL SYMPTOMS IN DIFFUSE BRAIN DISEASES. Dr. Alfred Saenger (Muench. med. Woch., 55, 1908, May 12).

Griesinger defined focal symptoms of brain diseases as those manifestations which are produced by a lesion of a definite area of the brain, in contradistinction to general symptoms, such as dizziness, headache, vomiting, disturbance of consciousness or changes in pulse and respiration which may occur in any disease of the brain. Monakow has just recently advanced a new conception which has, as yet, found little favor in neurology; that is, the conception of *diaschisis*. A division process connecting with localized interrupted fibers through the brain foci and changing according to circumstances. They occur in remote cerebral areas, either in corresponding convolutions of the one or in remote convolutions of the other hemisphere. The appearance of focal symptoms do not always indicate a localized organic change. The writer reports a number of cases in which a diffuse process existed with focal symptoms. Among the cases reported with focal symptoms the following conditions were present: Diffuse tuberculous meningitis, diffuse purulent meningitis, diffuse sarcomatous meningitis and diffuse leptomeningitis. Chronic diffuse carcinomatous encephalitis may occur as a diffuse brain disease and as such be greatly misleading if focal symptoms occur. Chronic hydrocephalus has frequently been diagnosed as brain tumor owing to the focal symptoms produced by the condition. Diffuse arteriosclerosis of the brain vessels may cause focal symptoms. Pick has called attention to the focal symptoms in brain atrophy of the senile period. In multiple sclerosis and progressive paralysis focal symptoms often play a great role. The author's cases show the frequency of the various kinds of focal symptoms in diffuse brain diseases. So prominent may they be that the fundamental disease of the brain remains entirely unrecognized. A closer study of focal symptoms, and how they originate, is necessary. Perhaps Monakow's teachings will bring out new facts to the origin of focal symptoms.

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